

## PLAN OF CARE APPROVAL

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The Lead Agency is responsible for establishing and implementing an organizational infrastructure that insures compliance with all required timelines for local approval of Plan of Care activities. Appendix L has Local Approval forms referenced in this section.

#### 14.1 Local Approval Staff

The Lead Agency maintains an adequate pool of designated staff who have met the competencies to perform local approval functions. The Lead Agency identifies a primary local plan approver and back-up approvers, or a local approval team. Lead Agency Local Approval Staff must meet the following requirements:

- Demonstrate competency in Introduction to CAP-MR/DD (See Appendix L)
- Demonstrate competency in Person-Centered Planning (See Appendix L)
- Demonstrate competency in Introduction to Local Approval. (See Appendix L)
- Demonstrate competency in Approval of Plans of Care using the Funding Checklist for Plans of Care/Service Plans (see Appendix L).

Lead Agencies are responsible for training and certification of Local Approval Staff. A list of certified Local Approval Staff must be maintained as well as qualifications/competency checklists for each Certified Local Approver. A certificate issued by DMH/DD/SAS prior to July 5, 2003 may be maintained by the Local Lead Agency in lieu of qualification/competency checklists. Lead Agencies will establish a review process of the work of Local Approvers.

#### 14.2 Local Approval Plan

The Local Approval Process administered by the Lead Agency uses the policies and criteria in the CAP-MR/DD Manual to determine if the Plan of Care and revisions identify an array of supports needed to prevent institutionalization and assure the person's health, safety and welfare. The review process of Initial Plan of Care, Continued Need Reviews, and Cost Revisions include a plan for review of activities by designated staff according to CAP-MR/DD and Medicaid rules and

person-centered standards, within the established timelines. The Local Approval Process includes the utilization of the Funding Checklist for Plans of Care/Service Plans provided by DMH/DD/SAS. The Lead Agency retains copies of the completed checklists as part of the approval process.

Maximum timeframes for review of activities include fifteen working days for Initials, Continued Need Reviews, and Cost Revisions. The Local Approver may request additional information from the Case Manager as long as the approval activity is completed within the designated timeframes.

The Designated Reviewer makes all notifications to the Case Manager concerning all decisions regarding approval, denial or requests for additional information. If approval is granted, the Case Manager notifies the person and guardian or the parent of a minor child by sending a copy of the approval letter. If denied, the Case Manager notifies the persons indicated of their right to appeal and ensures that the client, guardian or the parent has a copy of the Appeal Process, as stated in the CAP-MR/DD Manual.

The Local Approval Agency will maintain an internal tracking system of all approvals, acknowledgements, and denials of Plans of Care. The tracking system must include at least the name of the person, the date that the activity requiring approval was received; the type of activity; the date of approval/denial of the activity; and the name of the local approver. The tracking system must also meet any additional requirements in the Local Approval Plan.

Lead Agency Local Approval Plans must be submitted to DMH/DD/SAS for review. DMH/DD/SAS reviews those plans and makes suggestions for any needed changes to the Local Lead Agency. The Local Approval Plan is then submitted to the DMA for approval. DMA provides written notification to DMH/DD/SAS and the Lead Agency Director of the approval/disapproval of the Plan. Changes in Local Approval Plans are submitted to a designated DMH/DD/SAS Consultant. The Consultant approves/denies the changes in the revised Local Approval Plan.

**Note:** Retroactive approval of Plans/Updates is not permitted.

#### 14.3 Information Required for Plan of Care Approval

Minimum information required for Plan of Care approval is:

- **Initials:** Contact information for the Case Manager; and Plan of Care, including Cost Summary; MR-2, including physician's signature, Single Portal staff signature and prior approval number; and NC SNAP.
- **Annual/Continued Need Review (CNR):** Contact information for the Case Manager; Plan of Care, including Cost Summary; MR-2, including QP's or physician's signature; and, NC SNAP.
- **Revisions:** Contact information for the Case Manager; Plan of Care Update Page; and Cost Summary.

**Note:** Evaluations may be needed or requested in some situations. Refer to the service definition for requested service. Local Approval Plans must contain provisions for approvals required to meet the emergency needs of waiver recipients.

#### 14.4 Information Required by State DMH/DD/SAS for Tracking

Lead Agencies maintain lists of persons served during each Waiver Year. Lead Agencies also track terminations and transfers of persons served during the

Waiver Year. DMH/DD/SAS requests this information from Lead Agencies as needed. Lead Agencies return the requested information within fifteen working days of receipt of the request from DMH/DD/SAS.

#### **14.5 Monitoring of Lead Agency Local Approval**

Staff from DMH/DD/SAS monitor Local Approval by the Lead Agency at least quarterly. See Appendix L for Local Approval monitoring procedures. The Lead Agency is notified in writing of the results of the monitoring, including copies of check sheets used in the monitoring. Serious issues with Local Approval will result in referral to DMH/DD/SAS Resource/Regulatory Coordination and Management Section and/or DMA. Local Approval may be suspended temporarily upon the request of the Lead Agency, by the Director of DMH/DD/SAS, or the Director of DMA. Administrative funds will not be paid to the Lead Agency during the suspension of the Local Approval. Local Approval may be terminated following unsuccessful attempts to bring the Lead Agency into compliance with Local Approval regulations. If this happens, the Secretary of DHHS will reassign Lead Agency for the catchment area.